| 2)  |  |   |                            |                                  |  |                  |                          | <b>A</b>         | Application or Docket Number |         |                   |                        |  |
|---|--|---|----------------------------|----------------------------------|--|------------------|--------------------------|------------------|------------------------------|---------|-------------------|------------------------|--|
| 3   | PATENT   | 10/622569                                 |                            |                                  |  |                  |                          |                  |                              |         |                   |                        |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |                            |                                  |  |                  |                          | LLE              | NTITY                        | OR      | OTHER             |                        |  |
| TOTAL CLAIMS  |  |   | ζ.                         |                                  |  |                  | RA                       | TE               | FEE                          | 1       | RATE              | FEE                    |  |
| FOR   |  |   | NUMBER FILED               |                                  | NUMBER EXTRA                                 |                  | BASI                     | BASIC FEE 375.00 |                              | OR      | BASIC FEE         | 750.00                 |  |
| TOTAL CHARGEABLE CLAIMS   |  |   | 5 minus 20=                |                                  | *  |                  | X\$                      | X\$ 9=           |                              | OR      | X\$18=            |                        |  |
| INDEPENDENT CLAIMS  |  |   | minus 3 =                  |                                  |  |                  | X42=                     |                  | OR                           | X84=    |                   |                        |  |
| ML  | ILTIPLE DEPEN                                  | NDENT CLAIM P                             | RESENT                     |                                  |  |                  | +140=                    |                  |                              |         |                   |                        |  |
| * if  | the difference                                 | in column 1 is                            | ero, enter "0" in column 2 |                                  |  |                  | TOTAL                    |                  | OR                           | +280=   |                   |                        |  |
| •   | CLAIMS AS AMENDED - PART II                    |   |                            |                                  |  |                  |                          |                  | <u> </u>                     | OR      | TOTAL             | THAN                   |  |
|   | (Column 1) (Column 2) (Column 3)               |   |                            |                                  |  |                  | SM                       | ALL              | ENTITY                       | OR      | SMALL             |                        |  |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                            | HIGH<br>NUMI<br>PREVIO<br>PAID I | BER<br>YJSLY                                 | PRESENT<br>EXTRA | RA                       | ΓE               | ADDI-<br>TIONAL<br>FEE       |         | RATE              | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | . 9                                       | Minus                      | ** 0                             | 20   | =                | xs                       | 9=               |                              | OR      | X\$18=            |                        |  |
|   | Independent                                    | . 2                                       | Minus                      | ***                              | 3  | = _              | X4:                      | 3=               |                              | OR      | X8 <b>6</b> =     |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                            |                                  |  |                  |                          |                  |                              |         | +280=             |                        |  |
|   | 11/19/11/11                                    |   |                            |                                  |  |                  | +14                      | U=<br>OTAL       |                              | OR      | TOTAL             |                        |  |
| ,   |  |   |                            |                                  |  |                  | ADDIT. FEE OR ADDIT. FEE |                  |                              |         |                   |                        |  |
| <i>,</i>  |  | (/(Column 1)<br>/ CLAIMS                  |                            | (Colun                           |  | (Column 3)       |                          |                  | ADDI                         | ſ       |                   | 100                    |  |
| AMENDMENT B   |  | REMAINING<br>AFTER<br>AMENDMENT           |                            | PREVIO<br>PAID I                 | USLY   | PRESENT<br>EXTRA | RAT                      | E                | ADDI-<br>TIONAL<br>FEE       |         | RATE              | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | .6  | Minus                      | ** X                             | 1  |                  | X\$ !                    | 9=               |                              | OR      | X\$18=            |                        |  |
| ME  | Independent                                    | · 200                                     | Minus                      | *** 2                            | <u>}                                    </u> | =                | X42                      | 2=               |                              | OR      | X84=              |                        |  |
|   | FIRST PRESE                                    | NTATION OF MU                             | ILTIPLE DEP                | DEPENDENT CLAIM                  |  |                  |                          |                  | ,                            |         |                   |                        |  |
|   |  |   |                            |                                  |  |                  | +140                     | )=<br>ITAL       |                              | OR      | +280=             |                        |  |
|   |  |   |                            |                                  |  |                  | ADDIT.                   |                  |                              | OR ,    | ADDIT. FEE        |                        |  |
|   |  | (Column 1) CLAIMS                         |                            | (Colun                           |  | (Column 3)       |                          |                  |                              |         | `                 |                        |  |
| AMENDMENT C   |  | REMAINING<br>AFTER<br>AMENDMENT           |                            | NUME<br>PREVIO<br>PAID F         | JER<br>USLY                                  | PRESENT<br>EXTRA | RAT                      | Ε                | ADDI-<br>TIONAL<br>FEE       |         | RATE              | addi-<br>Tional<br>Fee |  |
| NON   | Total  | •   | Minus                      | **                               |  | 3                | X\$ 9                    | )=               |                              | OR      | X\$18=            |                        |  |
| AME   | Independent                                    | •   | Minus                      | ***                              |  | =                | X42                      | _                |                              | OR      | X84= <sup>)</sup> |                        |  |
|   | FIRST PRESE                                    | NTATION OF ML                             | ILTIPLE DEP                | ENDENT                           | CLAIM  |                  |                          | $\dashv$         |                              | <u></u> |                   |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.   |  |   |                            |                                  |  |                  |                          |                  |                              | OR      | +280=             |                        |  |
| "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20."  ADDIT, FEE  OR ADDIT, FEE  TOTAL ADDIT, FEE |  |   |                            |                                  |  |                  |                          |                  |                              |         |                   |                        |  |
|   |  | ber Previously Paid                       |                            |                                  |  |                  | ound in th               | e app            | propriate box                | in cok  | ımn 1 <sub></sub> |                        |  |